

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND	DEP
1	11	IND	DEP	IND	DEP	IND	DEP	51					
2		1						52					
3		1						53					
4		1						54					
5		1						55					
6		5						56					
7		5						57					
8		5						58					
9		1						59					
10		1						60					
11		1						61					
12		1						62					
13		1						63					
14		1						64					
15	1							65					
16		1						66					
17		1						67					
18		1						68					
19		1						69					
20		2						70					
21		1						71					
22		1						72					
23		1						73					
24	1							74					
25		1						75					
26		1						76					
27		1						77					
28		1						78					
29		1						79					
30		1						80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	4												
TOTAL DEP.	39	←	↓	←	↓	←	↓						
TOTAL CLAIMS	43	██████████	██████████	██████████	██████████	██████████	██████████						